

MEMORANDUM
BOARD OF COUNTY COMMISSIONERS
OFFICE OF THE COMMISSION AUDITOR

TO: Honorable Chairman Joe A. Martinez and
Members, Board of County Commissioners

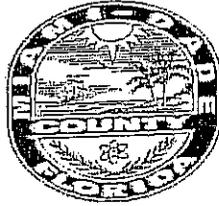
DATE: February 23, 2005

FROM: Charles Anderson, CPA 
Commission Auditor

SUBJECT: Ryan White
Title I Program

During the February 9, 2005, Community Outreach, Safety, & Healthcare Administration Committee (C.O.S.H.A. Committee) meeting there was discussion regarding the Ryan White Title I Program, and the Committee requested that the attached report be distributed to the Board of County Commissioners.

Attached you will find a report providing an overview of the Ryan White I Program.



MEMORANDUM
BOARD OF COUNTY COMMISSIONERS
OFFICE OF THE COMMISSION AUDITOR

TO: Commissioner Rebeca Sosa
Commission District 6

DATE: February 7, 2005

FROM: Charles Anderson, CPA 
Commission Auditor

SUBJECT: Feb. 9, 2005 COSHAC
Item 3(B) Ryan White
Contract Awards

Per your request, we reviewed the referenced item and spoke with the Office of Strategic Business Management to respond to your specific inquiries on this item.

This item is standard in that it allows the County to exercise options-to-renew for existing Ryan White grant recipients to prevent gaps in service while the County conducts a new RFP process. The BCC has been asked to approve items of this nature in the past.

The recommended continuation contracts are for recipients previously recommended for award in 2002, 2003 and 2004. It also waives the (potential) 60-day reconsideration period required by Resolution R-377-04 (which provides that a contract approved by the BCC shall not be effective until the time for making a motion to reconsider has expired, or not later than 60-days following adoption).

Attached is the information you requested on the Ryan White Title I program. If you need additional information, please contact us.

Overview of Ryan White Title I Program

What is Ryan White Title I?

- The Ryan White Title I program was established in 1991 to address the need for HIV/AIDS-related services among the economically disadvantaged and underserved residents of Miami-Dade County.
- The program is funded on an annual basis by the U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA), under Title I of the Ryan White Comprehensive AIDS Resources Emergency (CARE) Act.
- Title I services include outpatient medical care, prescription drugs, dental care, substance abuse treatment, mental health counseling, case management, prescription drugs co-payments, home health care, legal support, food and transportation services.
- Title I funds may not be awarded to private for-profit entities, unless such entities are the "only available provider of quality HIV care in the area." (per the CARE Act)
- In excess of 11,000 people are served through the Title I program on an annual basis. Nationally, over 500,000 people are served each year.

What is the FY04-05 grant award?

- The current level of funding is \$25.540 million for the period of March 1, 2004 through Feb. 25, 2005. The grant includes \$2.465 million in Minority AIDS Initiative (MAI) funds, which are targeted to HIV/AIDS services for communities of color. It is anticipated that the FY05-06 award will be the same.
- The annual allocation the County receives is in part based on formula (including the number of reported AIDS cases) and part on a competitive basis.

What is the process for the distribution of funds?

- On an annual basis, the County estimates the amount of Ryan White funds from the HRSA it will receive.
- The County, in turn, does an RFP to distribute the funds. In any years where greater than anticipated funding is received, a separate RFP is done to distribute those funds as well (e.g. an RFP was done in May 2004 to distribute an additional \$1.5 million in unanticipated funds).
- In order to meet federal guidelines, the Miami-Dade HIV/AIDS Partnership, an advisory board, sets priorities for how much is to be spent on each type of service (See Attachment A – e.g. \$8.987 million must be spent on outpatient medical care, \$1.588 million must be spent on prescription drugs, etc.).
- Based on these priorities, an RFP is done every 4 years to select providers to receive funds and to determine the allocations each provider receives. The County makes the recommendations as to who should be funded and the BCC authorizes the award.
- The RFP provides for three to four one-year OTR's, to allow for continuity in services. Once awards are made, the County may exercise OTR's (i.e. awards "continuation" contracts) based on available funding. At the fourth year or so, when no OTR's remain, a new RFP is done for the next funding cycle.

Who administers this program?

- The Ryan White Division of the Office of Strategic Business Management is responsible for distributing these grants via an annual RFP process to AIDS service organizations, community-based clinics, hospitals and private institutions located throughout the County.
- The Division is responsible for all aspect of the program – federal reporting, reimbursement to organizations, working with the advisory board, monitoring recipients, etc.
- There are currently 15 positions in this office, which is paid for by Ryan White funds. Up to 5% of the total Ryan White allocation may be used to pay for administration.

What benchmarks are in place?

- All Ryan White recipients must strive to meet system-wide standards of care, although they are not required to meet them at the time of award. (See Attachment B)

FY 2004-05 (Year 14) AWARD
CONTINUATION & RFP

Y14 Cont vs RFP.123

ORDER	SERVICE CATEGORY	CONTINUATION CONTRACTS		AVAILABLE RFP FUNDS		TOTAL ALLOCATION	
		Regular & MAI	MAI (included in total)	Regular & MAI	MAI (included in total)	Regular & MAI	MAI (included in total)
1	OUTPATIENT MEDICAL CARE	8,986,812	906,951			8,986,812	906,951
2	PRESCRIPTION DRUGS	1,587,836		1,212,881	67,718	2,800,717	67,718
3	CASE MANAGEMENT	3,889,453	843,461			3,889,453	843,461
4	SUBSTANCE ABUSE RESIDENTIAL	1,999,803		42,000	30,794	2,041,803	30,794
5	DENTAL CARE	1,286,359				1,286,359	
6	OUTREACH	1,047,172	493,055			1,047,172	493,055
7	INSURANCE SERVICES	216,195		99,900		316,095	
8	SUBSTANCE ABUSE OUTPATIENT	135,122				135,122	
9	PSYCHOSOCIAL SERVICES	540,487				540,487	
10	FOOD BANK	405,365				405,365	
11	HOME DELIVERED MEALS	405,365				405,365	
12	HOME HEALTH CARE	135,122				135,122	
13	LEGAL ASSISTANCE	270,244				270,244	
14	DAY CARE SERVICES	375,000				375,000	
15	TRANSPORTATION SERVICES (VANS)	54,049				54,049	
16	TRANSPORTATION VOUCHERS	135,122				135,122	
17	UTILITIES ASSISTANCE	0				0	
18	COUNCIL SUPPORT	510,300				510,300	
19	QUALITY MANAGEMENT	293,895				293,895	
20	SDIS	634,529				634,529	
	SUBTOTAL	22,908,230	2,243,467	1,354,781	98,512	24,263,011	2,341,979
21	ADMINISTRATION	1,277,000	123,262			1,277,000	123,262
	GRAND TOTAL	24,185,230	2,366,729	1,354,781	98,512	25,540,011	2,465,241

FY 2004-05 CONTINUATION 22,908,230 (Includes \$2,243,467 in MAI Funds)
 AVAILABLE FUNDS FOR RFP 1,354,781 (Includes \$98,512 in MAI Funds)
 ADMINISTRATION 1,277,000 (Includes \$123,262 in MAI Funds)
 FY 2004-05 GRANT AWARD \$25,540,011 (Includes \$2,465,241 in MAI Funds)

**MIAMI-DADE COUNTY
RYAN WHITE TITLE I PROGRAM
SYSTEM-WIDE STANDARDS OF CARE**

The following sets of standards are an essential component of the Ryan White Title I quality management program and form the basis for on-going monitoring and evaluation of Title I funded service providers by the Miami-Dade County Office of Management and Budget and/or its authorized representatives. It is not expected that contracted organizations be in full compliance with the System-wide Standards of Care as outlined below at the time of contract execution. It is assumed, however, that the service provider has read and understands the standards, and by signing a contract the provider is agreeing to make every effort to progress towards full compliance with these standards. The County recognizes that progress towards achieving compliance with the standards will differ from one service provider to another, both in terms of rate of progress and substance. During contract negotiations, each service provider is expected to set time specific goals for their organization's progress towards compliance with the standards in the form of a work plan. This work plan may be revised by the provider throughout the year with the prior written approval of the County. Revisions may be requested only if circumstances outside the provider's control impede its ability to achieve compliance with the standards by the target dates indicated in the originally approved work plan.

No Barriers to Service

Standard #1

Client access to services, system wide, shall be facilitated and barriers to service eliminated.

Guidelines	Indicator	Data Source
<p>(1.1 - 1.5) Providers shall eliminate barriers to service caused by: (A) hours of operation (B) language and culture (C) lagtime. Exemptions: (A) All services not specified (B) None (C) 1.5 None; (C) 1.6 Prescription Drugs, Case Management, MAI Case Management</p>	<p>A: Hours of Service: 1.1 Medical care, pharmaceuticals, case management and home health care shall provide a minimum of 40 hours access to services per week including 4 hours after 6 P.M. weeknights and 4 hours on weekends 1.2 24-hour on-call access to pharmaceutical services, emergency medical care, home health care and crisis counseling B: Language: 1.3 When 20% of clients prefer another language or require special assistance, such as illiteracy, native language speakers, translators or special assistance shall be made available as appropriate 1.4 Interpreters for hearing impaired and special assistance for those requiring such (as visually impaired persons) shall be made available 1.5 Cultural sensitivity and linguistic competency are demonstrated as a component of care for target populations</p>	<p>Scope of Service Description Posted hours of service Scope of Service Description Posted hours of service Record Review Personnel Files Observation Written Policies and Procedures Invoices (reviewed during on-site visit) Observation Personnel Files Record Review Observation Personnel Files Record Review</p>

Guidelines	Indicator	Data Source
<p>C: Lagtime: 1.6 80% of clients will see a direct service worker no later than 5 workdays from the client's initial date of contact or date of case management referral</p> <p>1.7 80% of clients initially presenting at a non-case management agency shall be referred to a case management agency no later than 2 workdays from the date of initial contact with the referring agency</p>	<p>➤ Record Review</p> <ul style="list-style-type: none"> Intake information including date of initial contact or copy of referral SDIS referral report 	

Staff Qualifications/Training

Standard #2

Agencies shall ensure that all staff have sufficient education, knowledge, skills and experience to competently serve the HIV/AIDS client population; agencies must provide initial orientation and training for new staff and ensure all staff participate in ongoing HIV/AIDS trainings, thereby promoting provision of high quality, up-to-date services.

Guidelines	Indicator	Data Source
<p>(2.1 – 2.2) Supervisory staff and direct service staff shall meet the qualifications of education and experience required by the Miami-Dade County Office of Management and Budget and the Miami-Dade HIV/AIDS Partnership. <i>Exemptions: 2.1 None; 2.2 Grocery Vouchers; Home Delivered Meals, Food Bank, Utility Assistance, Transportation Vouchers, Prescription Drugs, Case Management (Refer to Case Management Standards for education/experience requirements).</i></p>	<p>2.1 80% minimum of direct service supervisors are licensed and/or have a bachelor's degree in social sciences, counseling or nursing; have management experience; or have equivalent HIV/AIDS or related experience</p> <p>2.2 80% minimum of direct service staff have an associate degree (AA) in social sciences, counseling or nursing. HIV/AIDS or related experience, including living with HIV, may be substituted on a year-for-year basis. Exempt personnel must be supervised by staff that meets minimum supervisory qualifications (2.1)</p>	<p>➤ Personnel Files</p> <ul style="list-style-type: none"> Copies of degrees/licenses Documentation of work experience (letters of recommendation, work references, etc) <p>➤ Personnel Files</p> <ul style="list-style-type: none"> Copies of degrees/licenses Documentation of work experience, HIV/AIDS experience (letters of recommendation, work references, training certificates, etc) Personnel Records

(2.3) Initial orientation and training shall be given to new staff. *Exemptions: None*

(2.4) Staff members will have a clear understanding of their job definition and responsibilities. *Exemptions: None*

(2.5 - 2.6) Policies and procedures for service provision shall be in written form and made available to all staff. *Exemptions: None*

(2.7) Training in OSHA and universal precautions appropriate to job duties is provided and staff adheres to these principles. *Exemptions: None*

(2.8) Direct service staff are knowledgeable about Ryan White Title I standards and service requirements. *Exemptions: None*

(2.9) Staff shall remain updated on HIV/AIDS information. *Exemptions: None*

2.3 Documentation of initial orientation and training including Ryan White Title I services, standards and requirements

2.4 Written job description including responsibilities

2.5 Written Policies and Procedures (P & P's)

2.6 Documentation that staff have read and are familiar with P & P's

2.7 Documentation of training

2.8 Annual update on Ryan White Title I standards and service requirements

2.9 At least once annually: direct service staff shall attend an HIV/AIDS seminar/training appropriate to their level of service delivery

➤ Personnel Files

- Signed, dated orientation schedule or Orientation Attendance Log
- Signed, dated Ryan White Title I standards or form acknowledging training/receipt of same
- Signed, dated job description

➤ Administrative Policies and Procedures

➤ Personnel Records

- Signed, dated agency policies and procedures
- Signed, dated letter documenting P&P review, understanding

➤ Signed, dated training acknowledgement, attendance logs with dates and subject matter of training, agency training logs

➤ Signed, dated Ryan White Title I standards or form acknowledging receipt/training on same

➤ Personnel Records

- Proof of attendance, certificate or other documentation including training subject matter, date(s) of attendance, hours in training
- Agency training record

Guidelines	Indicator	Data Source
(2.10) Personnel working with children are to be screened in accordance with state or local laws. <i>Exemptions: None</i>	2.10 Clearance letters for abuse and criminal screening	Personnel files

Documentation Standards

Standard #3
Standardized forms and consistent up-to-date protocols will be utilized across the system to ensure uniform quality of care.

Guidelines	Indicator	Data Source
(3.1 – 3.11) Documentation for intake and service provision shall include, at a minimum, standard forms and required client data. The treatment or care plan shall be unique for each client, culturally sensitive, non-judgmental, personalized and with an appropriate standard of care with respect to a person's right to privacy. <i>Exemptions: Pharmaceuticals, Grocery Vouchers, Transportation Vouchers, Utility Assistance, Outreach Services, Food Bank</i>	Record contains: 3.1 Financial assessment and proof of HIV OR a Ryan White Title I Certified Referral 3.2 Consent for enrollment/treatment OR a Ryan White Title I Certified Referral 3.3 Consent to Release and Exchange Information (SDIS) OR a Ryan White Title I Certified Referral 3.4 Intake history (Client demographics and personal contact information) 3.5 Documentation client confidentiality explained 3.6 Documentation grievance procedure explained 3.7 Documentation choice of providers explained 3.8 Service provision history 3.9 Treatment/Service Plan documenting reason(s) for treatment, process and progress, outcomes of treatment 3.10 Eligibility screening for third party payers 3.11 Treatment/Service Plan update at least once per year <i>Note: Case managers are required to update Title I Certified Referrals (Recertification) every 6 months.</i>	A Record Review <ul style="list-style-type: none"> All required forms are complete, initiated, dated, signed as appropriate Copies of required eligibility documents are present, current (within 6 months), and legible Documentation of eligibility screening for third party payers is present Cases are closed as appropriate

<p>(3.12 - 3.15) Referrals: Providers will maintain adequate documentation on referral activities. <i>Exemptions: None</i></p>	<p>3.12 Inbound referrals for all Title I Certified Referrals, shall record origin of referral and service requested 3.13 Outbound referrals for all Title I Certified Referrals shall record the referral destination and service requested 3.14 All inbound referrals filed in client record 3.15 Service referrals not initiated by a case manager shall be documented in a progress note or treatment plan</p>	<p>SDIS Referral Report Record Review</p>
<p>(3.16 - 3.18) Providers will avail themselves of all available resources to provide needed services to HIV/AIDS clients including the Ryan White service network, key points of service entry, city, state and private organizations. <i>Exemptions: None</i></p>	<p>3.16 Linkage agreements 3.17 Service resources 3.18 Inbound, Outbound Referrals</p>	<p>Administrative Records Lists of Service Resources SDIS Referral Report</p>

Quality Assurance/Performance Improvement

<p>Standard #4 Ongoing quality assurance activities with regular feedback to staff promote performance improvement and quality care.</p>		
Guidelines	Indicator	Data Source
<p>(4.1 - 4.4) Supervisory record reviews are conducted regularly, with feedback to direct care staff resulting in improved performance. <i>Exemptions: None</i></p>	<p>4.1 Record reviews conducted quarterly 4.2 No less than 40 records or 10% of Ryan White Title I population (whichever is less) 4.3 Evidence of feedback between supervisor and employee 4.4 Documentation review ensures Ryan White eligibility standards are met and that case notes are appropriate, timely and legible</p>	<p>Supervisor's Records • Documentation of reviews with identifying client information • Documentation of employee feedback Record Review</p>

Guidelines	Indicator	Data Source
(4.5) Medical Services: Quality assurance or patient care review meetings will identify problems to be resolved through action. <i>Exemptions: None</i>	4.5 Documentation of quarterly patient care reviews or quality assurance meetings recording attendance, date, subject matter, steps taken to resolve identified problems with time frames for resolution.	A Meeting minutes A Attendance logs
(4.6) Non-Medical Services: Quality improvement issues will be addressed through staff meetings. <i>Exemptions: None</i>	4.6 Documentation of quarterly quality improvement meetings recording attendance, date, subject matter, steps taken to resolve identified problems with time frames for resolution.	A Meeting minutes A Attendance logs
(4.7 - 4.8) Annual client satisfaction survey conducted and results utilized as appropriate to improve service delivery. <i>Exemptions: None</i>	4.7 Client satisfaction survey to include: Rating of services, perception of treatment by staff, satisfaction with services provided, fair access to services provided. 4.8 Written plans and objectives incorporate results as appropriate from client satisfaction surveys	A Review of client satisfaction survey A Client Satisfaction Survey A Administrative records

Confidentiality

Standard #5

Every agency shall provide staff with initial and ongoing training regarding client confidentiality to ensure client information is protected in accordance with state and federal laws.

Guidelines	Indicator	Data Source
(5.1 - 5.2) Every agency shall have a written Policy and Procedure (P & P) addressing confidentiality. <i>Exemptions: None</i>	5.1 Written P & P addressing HIV confidentiality and agency procedures, including policies and procedures that limit access to passwords, electronic files, medical records, faxes, release of client information	A Administrative P & P's

<p>(5.3) Services shall be provided in a confidential setting. <i>Exemptions: None</i></p> <p>(5.4) All hard copy materials and records shall be securely maintained.</p> <p>(5.5) All clients shall be informed regarding their rights to confidentiality. <i>Exemptions: None</i></p> <p>(5.6) No release of client information without a signed, dated client release. <i>Exemptions: None</i></p>	<p>staff</p> <p>5.3 Areas in which client contact occurs allow exchange of confidential information in a private manner.</p> <p>5.4 Records, hard copy materials maintained under double lock in files and in areas secure from public access.</p> <p>5.5 Documentation signed and dated by client acknowledging client has been fully informed of his/her right to confidentiality.</p> <p>5.6 Signed, dated Release of Information* specific to HIV, TB, STD, substance abuse and mental health OR note reflecting client's unwillingness to sign a Release. <i>* This release shall be renewed annually.</i></p>	<ul style="list-style-type: none"> • Signed, dated copy of P & P for all staff ➤ Observation ➤ Observation ➤ Record review ➤ Record Review
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Program Operating Requirements (POR)

POR #1	Indicator	Data Source
<p>(POR 1.1 - 1.4) Operating procedures affecting clients shall be posted publicly. <i>Exemptions: None</i></p>	<p>The following shall be posted in an area to which clients have free access:</p> <p>POR 1.1 Hours of operation POR 1.2 Grievance procedures POR 1.3 Client's Bill of Rights and Responsibilities POR 1.4 Ryan White Title I Service Prices (cost per unit of service)</p>	<p>➤ Observation</p>
<p>POR #2 (POR 2.1) Manual or backup systems are kept current. <i>Exemptions: None</i></p>	<p>Indicator POR 2.1 Manual or backup systems are updated at least weekly</p>	<p>Data Source ➤ Record Review ➤ SDIS</p>

Effective: August 12, 2002

POR #3	Indicator	Data Source
(POR 3.1-3.4) Client participation and education in the treatment process shall be maximized. <i>Exemptions: None</i>	Documentation shall reflect: POR 3.1 Client and family (as defined by client) participation in care decisions POR 3.2 Development of client's understanding of treatment options POR 3.3 Client empowerment POR 3.4 Monitoring of client adherence to prescribed plans of treatment and care including medication regimens POR 3.5 Documentation of client education and/or resources provided, as appropriate	<ul style="list-style-type: none"> ➤ Record Review <ul style="list-style-type: none"> • Progress Notes • Treatment/Care Plans
(POR 3.5) Client education and knowledge lead to improved compliance, health status. <i>Exemptions: None</i>		

POR: Facility/Operation

POR #4	Indicator	Data Source
(POR 4.1-4.6) All provider sites are safe and secure. <i>Exemptions: None</i>	<p>POR 4.1 Site is clean and well-maintained, inside and out</p> <p>POR 4.2 Clients have untroubled access coming and going</p> <p>POR 4.3 Security personnel are available as needed</p> <p>POR 4.4 Written policy to refuse service to clients who are being verbally abusive, threatening physical abuse or possessing illegal substances or weapons on provider property</p> <p>POR 4.5 Facility complies with applicable Occupational Safety and Health Administrative (OSHA) requirements</p> <p>POR 4.6 Facility complies with the American's with Disability Act's programmatic and accessibility requirements</p>	<ul style="list-style-type: none"> ➤ Observation ➤ Personnel Records ➤ Administrative Policies and Procedures ➤ Observation ➤ Observation

<p>(POR 5.1) Client access to care will be facilitated during regular hours and after hours (nights and weekends). <i>Exemptions: As noted in Standard 1.1</i></p>	<p>POR 5.1 Written P & P addresses contacts (including appointments) during regular hours and walk-ins, emergency and after hours (nights, weekends and holidays) care.</p>	<p>➤ Administrative Policies and Procedures (Refer to Standard #1.1)</p>
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POR #6	Indicator	Data Source
<p>(POR 6.1 – 6.2) Clients shall receive an explanation of the agency's grievance procedures and confirm their understanding of such. <i>Exemptions: None</i></p>	<p>POR 6.1 Written P & P's addressing formal and informal grievance procedures for clients POR 6.2 Documentation that patient has had grievance procedures, formal and informal explained and/or given to him and understands same.</p>	<p>➤ Administrative Policies and Procedures ➤ Record Review</p>

POR #7	Indicator	Data Source
<p>(POR 7.1 – 7.2) Agency policies are known to staff and supervisors. <i>Exemptions: None</i></p>	<p>POR 7.1 Written P & P's addressing agency procedures including a formal grievance procedure for staff. POR 7.2 Documented acknowledgement that staff are familiar with written P & P's, including grievance procedures.</p>	<p>➤ Administrative Policies and Procedures ➤ Personnel Records</p>

POR: Accreditation Standards		
POR #8	Indicator	Data Source
<p>(POR 8.1) Agency complies with appropriate professional licensing in accordance with professional training and responsibilities of caregivers, the agency's functions, or both, through national associations and/or the Florida Department of</p>	<p>POR 8.1 Current licenses, accreditations are Posted and on file</p>	<p>➤ Administrative Records ➤ Observation</p>

<p>Health. <i>Exemptions: None</i></p> <p>(POR 8.2) Staff are licensed as specified in the Title I Service Descriptions. <i>Exemptions: None.</i></p>	<p>POR 8.2 Copies of current licenses are on file</p>	<p>➤ Personnel Records</p>
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POR: Patient Acknowledgement of Services Received

POR #9	Indicator	Data Source
<p>(POR 9.1) Patient acknowledgement of service(s) received shall be maintained.</p>	<p>POR 9.1 Patient shall acknowledge by signature and date, specified services received at each visit. Required information includes patient name, date of service, definition of unit, service provided, number of units.</p>	<p>➤ Record Review</p> <ul style="list-style-type: none"> • Signed, dated logs with name and services received noted OR <p>➤ Billing Review</p> <ul style="list-style-type: none"> • Signed, dated encounters or superbills with name and services received noted OR • Receipt given to client with a copy in the chart <p><i>(Refer to POR #1.4)</i></p>

POR: Service Delivery Information System (SDIS)

POR #10	Indicator	Data Source
<p>(POR 10.1 – 10.2) Timely entry into the SDIS of new client information, updated client information and services provided. <i>Exemptions: None</i></p>	<p>POR 10.1 New client information shall be entered at intake</p> <p>POR 10.2 Updated client information and service information shall be entered in accordance with time specifications detailed in the current Title I Ryan White contract</p>	<p>➤ Record Review</p> <p>➤ SDIS</p>

POR #11	Indicator	Data Source
<p>(POR 11.1) A record (client chart) shall be maintained for each individual client</p>	<p>POR 11.1 An individual record (chart) shall be maintained for each client that records the services provided by Ryan White Title I.</p>	<p>➤ Record Review</p>